

| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | <i>Sm</i> | | |
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| FORMALITY REVIEW | | | <i>10 12 00</i> |
| RESPONSE FORMALITY REVIEW | | | <i>67803 11-15-w</i> |

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------|---------|
| Final | 9/12/87 |
| Original | 9/27/85 |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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